PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/508552

Effective December 29, 1999													_ {
CLAIMS AS FILED - PART I (Column 1) (Column 2)									LL I	ENTITY	OR	OTHER SMALL	
FOR			NUMBE	R FILED		NUMBER	EXTRA	RAT	E	FEE		RATE	FEE
ВА	SIC FEE									345.00	OR	840	690.00
то	TAL CLAIMS		6	9 minus	20=	• 49		X\$ 9)=		OR	X\$18=	882
IND	EPENDENT CL	AIMS	2 minus 3 = '			*		X39	=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130	<u> </u>			+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTA		<u> </u>	OR OR	TOTAL	ر کر کر کر کر	
CLAIMS AS AMENDED - PART II									1 L		Un	OTHER	THAN
						(Column 3)	SMA	LL I	ENTITY	OR	SMALL		
AMENDMENT A		CLA REMA AF1 AMENI	INING FER		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*		Minus	**		=	X39:	=		OR	X78=	
_	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEI	PEN	DENT CLAIM		+130	_		OR	+260=	
								TO				TOTAL	
		(Colu	mn 1)		_((Column 2)	(Column 3)	ADDIT. F	·EE			ADDIT. FEE	
AMENDMENT B		CLA REMA AFI AMENI	ΓER		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent FIRST PRESE	*	V OF M	Minus	DENIE		L=	X39:	=		OR	X78=	
	rinoi Priesc	INTATIO	N OF WIL	CTIPLE DEI	CIVI	DENT CLARV		+130	=		OR	+260=	
									AL EE		OR	TOTAL ADDIT. FEE	
		(Colu				Column 2)	(Column 3)				_		
AMENDMENT C		REMA	TER .	, `. 	Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total			Minus	**		=	X\$ 9	= -		OR	X\$18=	
	Independent	*		Minus	**		=	X39=	_		OR	X78=	
_	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEI	PENI	DENT CLAIM			┪		Un		
	If the entry in colu	e entry in colu	+130			OR	+260=						
•••	If the "Highest Nu If the "Highest Nu The "Highest Nun	mber Prev Imber Prev	viously Pa viously Pa	id For" IN THI aid For" IN TH	S SP. IS SP	ACE is less tha ACE is less tha	n 20, enter "20." ın 3, enter "3."	ADDIT. I	EE	oropriate box		TOTAL ADDIT. FEE umn 1.	